

Please type a plus sign (+) inside this box -- +



PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **Attorney Docket Number** 38-21(15084) DECLARATION FOR UTILITY OR **First Named Inventor** Cheng, Ming **DESIGN** PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) **Application Number** Filing Date ■ Declaration ☐ Declaration Submitted Group Art Unit Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** required)

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  An improved efficiency Agrobacterium-mediated plant transformation method											
itional											
Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.											
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.											
ed?											
An improved efficiency Agrobacterium-mediated plant transformation method  the specification of which is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) if application, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.											

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.







Please type a plus sign (+) inside this box -> +

Additional inventors are being named on the

PTO/SB/01 (12-97) Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application Thereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose and the patients of this application and the patients of this application. and the national or PCT international filing date of this application. U.S. Parent Application or PCT Parent Parent Patent Number Parent Filing Date Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto. As a named inventor, I hereby appoint the following registered practioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number Place Customer Number Bar Code X Registered practitioner(s) name/registration number listed below Label here Registration Registration Nam<u>e</u> Name Number Number Thomas P McBride 32,706 Lawrence M. Lavin Jr. 30768 Alan E Dow 35123 Dennis R. Hoerner Jr. 30914 Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto Direct all correspondence to: Customer Number OR X Correspondence address below or Bar Code Label Thomas P McBride Name Patent Department Central Address Monsanto/GD Searle PO Box 5110 Address Chicago City 60680-5110 State ZIP Country Telephone (636) 737-7685 (636) 737-6047 Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Ming Cheng Inventor's Signature Date Ballwin Residence: City China Country Post Office Address 535 Arbor Meadow Drive Post Office Address Ballwin State MO 63021 Country

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



Please type a plus sign (+) inside this box  $\rightarrow$  +

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a

## **DECLARATION**

ADDITIONAL INVENTOR(S) Supplemental Sheet
Page 1 of 1

Name of Addit	ional Joint Inventor, i	f any:			] A peti	tion has been fil	ed for t	his uns	ianed i	nventor	
Given Name (first and middle [if any])					A petition has been filed for this unsigned inventor  Family Name or Surname						
Joyce E.				Fr	v						
Inventor's Signature	Gayce !	<u>ک</u> ۔ ع	Fry	<u> </u>	,			Da		12/9/99	
Residence: City	St. Louis	Stat	e MO		Country	y				USA	
Post Office Addres	9839 Gerald Drive										
Post Office Address											
City	St. Louis	Stat	• MO		ZIP	63128	Country	V			
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])  Family Name or Surname											
Inventor's Signature										<u> </u>	
Residence: City		State			Country	Ountry Citizenship					
Post Office Address											
Post Office Address											
City		State	.		ZIP		Count	rv			
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])					Family Name or Sumame						
	_										
Inventor's Signature								Dat	to I		
Residence: City		State			Country			Citizen			
Post Office Address											
ost Office Address											
Sity		State	-		ZIP		Cor	intry			

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.